

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585505

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		2				
5		2				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20	1					
21						
22						
23						
24	1					
25		0				
26		0				
27		0				
28	1					
29						
30						
31		3				
32		0				
33		0				
34	1					
35		0				
36		0				
37		0				
38		0				
39		0				
40		0				
41		0				
42		0				
43	1					
44						
45	1					
46	1		1			
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	45	←		←		←
TOTAL CLAIMS	54					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54		1				
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	19	←		←
TOTAL CLAIMS			20			